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SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filed with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at ethics.counsel@state.tn.us. You must complete every item. Attach additional pages as necessary. Please note that the information listed on this Report will be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

DATE OF DISCLOSURE May 14, 2007

	b.	REPORTING PERIOD [check box]: 🖾 October 1 – March 31 🗆 April 1 – September 30
2.	a.	NAME OF CORPORATION/ENTITY Tennessee Bankers Association
Pro	b.	NAME OF CEO, CFO, or TITLE AND NAME of PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS Barrett, President
— DI ac	ттеу п	: Darrott, 11002001
3.	a.	ADDRESS Street or Rural Route City State Zip Code
201	Ventu	re Circle, Nashville, TN 37228-1603
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	b.	PHONE NUMBER (615) 244-4871
	D.	THORE ROMDER
4.	LOBB	YING INTERESTS
	a.	List the general subject area(s) lobbied, e.g., "healthcare," "insurance," etc. : civil remedies &
		s, ethics, labor, gambling, workers' compensation, economic & industrial
deve & mi	<u>lopmer</u> neral	t, military & veterans, vehicles & traffic, immigration, utilities, crime, mines resources, county government, corporations & associations, courts, agriculture,
		institutions, property interests, minors, safety, business & commerce, lawyers,
prob	ate, e	nvironment, state finances, city government, Tenn Care & Cover Tennessee, open
<u>reco</u>	rds &	open meetings, occupational regulation, disaster preparedness & relief, charitab
& no	nproii	t organizations, consumer protection, taxation, insurance, oil & gas, education,
rees	b.	er non-tax revenue, retirement systems Describe the general nature and interest of the entity employing or retaining lobbying services, e.g. "insurance company," "professional association," etc.
fina	ncial	institutions trade association

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301(7) as " any salary, fee, payment, rei	COMPENSATION. The term "compensation" is defined by T.C.A. § 3-6-mbursement or other valuable consideration, or any combination thereof, rer, 'compensation' does not include the salary or reimbursement of an t person's regular employment."				
disclosure, compensation paid to any lobbyis activities shall be apportioned to reflect the lomore detailed definitions of "Lobbying," "Ac	of lobbyist compensation paid by the employer. For purposes of the st who performs duties for the employer in addition to lobbying and related obbyist's time allocated for lobbying and related activities in this state (see dministrative Action" and "Legislative Action," and exceptions thereto, in 303(a)(1)(A)-(K). (Check the appropriate box.)				
☐ Less than \$10,000	☆ At least \$10,000 but less than \$25,000				
☐ At least \$25,000 but less than \$50,000	☐ At least \$50,000 but less than \$100,000				
☐ At least \$100,000 but less than \$150,000	☐ At least \$150,000 but less than \$200,000				
☐ At least \$200,000 but less than \$250,000	☐ At least \$250,000 but less than \$300,000				
☐ At least \$300,000 but less than \$350,000	☐ At least \$350,000 but less than \$400,000				
☐ If the aggregate total amount is \$400,000 or more, you must round the aggregate total to the nearest fifty thousand dollars (\$50,000):					
6. LOBBYIST NAMES. List the names of the individual lobbyists who rendered services in the State of Tennessee. Indicate whether they are employed within your organization by checking the "In-House Lobbyist" box. Attach additional pages as needed. Authority: T.C.A. § 3-6-303(a)(1).					
LOBBYIST NAME	IN-HOUSE LOBBYIST				
Timothy Amos Tausha Carmack					
Tausna Garmack					
7. LOBBYING-RELATED EXPENDITUR	ES				
NOTE: For the purposes of this Report, any expenditure made for the purpose of achieving a multi-state effect shall be apportioned equally among those states.					
Excluding lobbyist compensation (which is reported under 5), state the aggregate total of expenses paid directly by the employer to third party vendors, for the purpose of influencing legislative or administrative action through public opinion or grassroots action in the State of Tennessee. These expenditures include, but are not limited to, costs relating to printing, publishing, advertising, broadcasting, paid announcements, audiotapes, videotapes, compact discs, digital video discs, infomercials, rallies, demonstrations, seminars, lectures, conferences, postage, telephone related costs, internet services, public relations services, governmental relations services, polling services, travel expenses, grants to issue groups or grassroots organizations or any other expense incurred lobbying. Authority: T.C.A. § 3-6-303(a)(2)(A)-(K). (Check the appropriate box.)					
x⊠ Less than \$10,000	☐ At least \$10,000 but less than \$25,000				
☐ At least \$25,000 but less than \$50,000	☐ At least \$50,000 but less than \$100,000				
☐ At least \$100,000 but less than \$150,000	☐ At least \$150,000 but less than \$200,000				
☐ At least \$200,000 but less than \$250,000	☐ At least \$250,000 but less than \$300,000				
☐ At least \$300,000 but less than \$350,000	☐ At least \$350,000 but less than \$400,000				
☐ If the aggregate total amount is \$400,000 or more, you must round the aggregate total to the nearest fifty thousand dollars (\$50,000):					

o. AGGREGATE TOTAL OF ALL IN-STATE EVENTS	
State the aggregate total amount of all employer expenditures for all in-State even reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A.	
\$8,240	
9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by	a witness)
I certify that the information contained in this Report is true and that it is a best of my knowledge, information and belief.	complete and accurate report to the
analla D. Hill. Controller	5/14/07
Signature of Person Completing Report Print Name of Person: Angela D. Griffin, Controller	Date
I, the undersigned, acknowledge that I have reviewed the foregoing Repracturate to the best of my knowledge, information and belief.	ort and certify that is complete and
July President	5/14/07
Signature of CEO, CFO dr Authorized Representative Print Name of Person: <u>Bradley L. Barrett, President</u>	Date
I, Penny Powlas , the undersigned, do hereby witness the about the contract of	
- Kenny Poulas	5/14/07
Signature of Witness	Date

